

CLAIMS ONLY							Application Number <b>09505530</b>		Filing Date	
10-1400							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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46										
47		3								
48		1								
49										
50										
Total Indep										
Total Depend										
Total Claims										
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52										
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Total Indep										
Total Depend										
Total Claims										

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 95-106  
 Canceled

10-1400

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09505556		FILING DATE		
CLAIMS							APPLICANT(S)				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						61		1	(101)	1
2		1					62	1		1	1
3		1					63		1		1
4	1		1				64		1		1
5		1		1			65		1		1
6		1		1			66	1		1	1
7	1		1				67		1		1
8		1		1			68		1		1
9		1		1			69		1		1
10		1		1			70	1		1	1
11		1		1			71		1		1
12		1		1			72		1		1
13		1		1			73		1		1
14		1		1			74		1		1
15	1						75		1		1
16		1					76		1		1
17		1					77		1		1
18		1					78		1		1
19		1					79		1		1
20		1					80		1		1
21		1					81		1		1
22		1					82		1		1
23	1						83		1		1
24		1					84		1		1
25		1					85		1		1
26		1					86		1		1
27		1					87		1		1
28		1					88		1		1
29		1					89	1		1	1
30		1					90		1		1
31		1					91		1		1
32		1					92		1		1
33	1						93		1		1
34		1					94		1		1
35		1					95	1		1	1
36		1					96		1		1
37		1					97		1		1
38		1					98		1		1
39		1					99		1		1
40		1					100		1		1
41		1									
42		1									
43		1									
44		1									
45		1									
46		1									
47		3		3							
48		1		1							
49		1		1							
50		1		1							
TOTAL IND.		13		13			TOTAL IND.	13		9	
TOTAL DEP.							TOTAL DEP.	96		87	
TOTAL CLAIMS							TOTAL CLAIMS	109		96	

101 ind Dep 1